



NASSAU COUNTY DEPARTMENT OF ASSESSMENT  
240 OLD COUNTRY ROAD, 4<sup>TH</sup> FLOOR  
MINEOLA, NY 11501  
ATTN: ASIE COMPLIANCE

ASIE-2015  
SELF STORAGE  
ANNUAL SURVEY OF  
INCOME AND EXPENSE

SECTION A - PROPERTY IDENTIFICATION

LIST ONLY THE PRIMARY SECTION, BLOCK & LOT							
1	<table><tr><td>SECTION</td><td>BLOCK</td><td>LOT</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	SECTION	BLOCK	LOT	<input type="text"/>	<input type="text"/>	<input type="text"/>
SECTION	BLOCK	LOT					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
PROPERTY ADDRESS							
2	<table><tr><td>Street Address</td><td>City, State, Zip</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Street Address	City, State, Zip	<input type="text"/>	<input type="text"/>		
Street Address	City, State, Zip						
<input type="text"/>	<input type="text"/>						
Mailing Address Correction - Only if you wish to change address on letter							
3	<table><tr><td>Street Address</td><td>City, State, Zip</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Street Address	City, State, Zip	<input type="text"/>	<input type="text"/>		
Street Address	City, State, Zip						
<input type="text"/>	<input type="text"/>						

SECTION B - CONTACT INFORMATION

4	Owner's Name	5	Organization
6	Contact's Name	7	Contact's Relation to Property
8	Contact's E-mail Address (Required)	9	Contact's Phone (Required)

SECTION C - CONTIGUOUS LOTS

YOU MAY CONSOLIDATE YOUR FILING BELOW FOR PROPERTIES THAT ARE <u>PHYSICALLY CONTIGUOUS AND/OR ADJACENT ONLY</u> . THESE MUST BE <u>COMMONLY OWNED AND OPERATED</u> . ANY FILING WHICH DOES NOT MEET THESE PARAMETERS WILL BE CONSIDERED NON-COMPLIANT.												
10	SECTION	<input type="text"/>	BLOCK	<input type="text"/>	LOT	<input type="text"/>	SECTION	<input type="text"/>	BLOCK	<input type="text"/>	LOT	<input type="text"/>
	SECTION	<input type="text"/>	BLOCK	<input type="text"/>	LOT	<input type="text"/>	SECTION	<input type="text"/>	BLOCK	<input type="text"/>	LOT	<input type="text"/>
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	SECTION	<input type="text"/>	BLOCK	<input type="text"/>	LOT	<input type="text"/>	SECTION	<input type="text"/>	BLOCK	<input type="text"/>	LOT	<input type="text"/>

SECTION D - PROPERTY USE

11	NUMBER OF INDOOR UNITS	NUMBER ENVIRONMENTALLY CONTROLLED UNITS	NUMBER OF OUTDOOR UNITS	NUMBER OF OUTDOOR SPACES
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION E - OPERATING INCOME

SELF-STORAGE MINI-STORAGE OPERATING INCOME		TOTAL NUMBER OF UNITS / SPACES	GROSS RECEIPTS (\$) 2015
12	ALL STORAGE SPACE RENTAL	<input type="text"/>	\$ <input type="text"/>
13	SALES & EQUIPMENT RENTAL	<input type="text"/>	\$ <input type="text"/>
14	OTHER INCOME NOT RELATED TO SELF STORAGE	<input type="text"/>	\$ <input type="text"/>
15	TOTAL INCOME (add lines 12 through 14)	<input type="text"/>	\$ <input type="text"/>

NOTES:

<input type="text"/>
<input type="text"/>
<input type="text"/>

SECTION F - OPERATING EXPENSES		
		2015
16	MANAGEMENT PAYROLL	\$
17	PAYROLL	\$
18	FUEL	\$
19	ELECTRICITY	\$
20	WATER & SEWER	\$
21	PROPERTY INSURANCE	\$
22	PERSONAL INSURANCE	\$
23	MANAGEMENT (Excluding Management Payroll)	\$
24	COMMON AREA MAINTENANCE (Excluding taxes and interest)	\$
25	REPAIRS AND MAINTENANCE TO REAL PROPERTY	\$
26	COST OF GOODS SOLD	\$
27	MAINTENANCE OF EQUIPMENT	\$
28	LEGAL	\$
29	EQUIPMENT LEASES	\$
30	LEASING COMMISSION	\$
31	BUSINESS TAX	\$
32	REAL ESTATE TAXES PAID BY LESSEE	\$
33	OFFICE EXPENSE	\$
34	MISCELLANEOUS CHARGES (INCLUDING BANK FEES)	\$
35	TOTAL OPERATING EXPENSES <i>Add lines 16 thru 34</i>	\$
36	OTHER EXPENSES: (ITEMIZE HERE)	\$
37	TOTAL EXPENSES <i>Add lines 35 and 36</i>	\$

SECTION G - CERTIFICATION (MANDATORY)

☐ I hereby certify that I am the owner or other person responsible for the payment of taxes, or the person authorized by the owner or taxpayer to make this statement. I certify that all information contained in the statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of the penal law relevant to the making and filling of false instruments. I understand that the willful making of any false statement of material fact herein will also deem this filing untimely.

Name of individual certifying this statement \_\_\_\_\_  
The individual certifying is: ☐ The applicant ☐ Authorized representative listed in Part C ☐ Member or manager of applicant LLC ☐ General partner of applicant  
☐ Officer of corporate applicant ☐ Qualified fiduciary ☐ Officer of condominium association ☐ Officer of applicant's corporate member or partner  
(name of corporation: \_\_\_\_\_)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE